PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003 10 - 656 - 590												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER	
TOTAL CLAIMS			9				1	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 375.00	OR	BASIC FEE	750.00
TOTAL CHÂRGEABLE CLAIMS			9 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		. 0			X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		-			+140=		OR	+280=	
* If the difference in column 1 is less than zero, ent						olumn 2	. 1	TOTAL	375	OR	TOTAL	
GLAIMS AS AMENDED - PART II									-	-	OTHER	THAN
1	22 04 (Column 1) (Column CLAIMS HIGHES)					(Column 3)		SMAL	L ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 4	Minus	**		a		X\$ 9=		OR	X\$18=	
AME	Independent . H		Minus +++		CI AIM	-		X42=		OR	X84=	
The state of the s								+140=		OR	+280=	
m / /_								TOTA		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2)					(Column 3)	•	<b>WDI1.</b> FC	E		ADDIT. FEET	······································
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 4	Minus	<u>"2</u>	<u> </u>	-		X\$ 9=		OR	X\$18=	
AM	Independent • FIRST PRESENTATION OF MI		Minus ***		CLAIM []			X42≖		OR	X84¤	
The state of the s								+140=		OR	+280=	
								TOTA		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									C. (C		WDII. PEEJ	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	A ST		8		X\$ 9=		OR	X\$18=	
	Independent	RST PRESENTATION OF MULTIPLE DEPENDENT C		CLADA	<u> </u>		X42=	1	ОЯ	X84=		
ш	THE STATE OF MICHIEL COUNTY									1 1	+280≂	
• [	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								-	OR	TOTAL	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR ADDIT. FEE												
FORM	PTO-875 (Rev. 12	dran use o	semment Pdelen	C45 A222	100 101 100				emark Office U	0.000		

Application or Docket Number